	·		46		÷.	•	11.1-
	PM-88- 10 MBER 1988	(BERC)	and the second s	OMB	No.:	0938-	0193
State/	Territory:	MAF	RYLAND				<u></u>
Citation	4.14 <u>Uti</u>	lization	Control				
42 CFR 431.630 42 CFR 456.2 50 FR 15312	(a)	A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:					
		// Directly.					
1902(a)(30)(C) and 1902(d) of t Act, P.L. 99-509 (Section 9431)		rev with Rev	undertaking medication requirements in a Utilization and iew Organization Part 462. The co	through a con nd Quality Co	tract introl ited u	Peer nder 42	2
		(1)	Meets the require	ements of §43	4.6(a);	
		(2)	Includes a monito to ensure satisfa				ı
		(3)	Identifies the se subject to PRO re	-	rovid	ers	
		(4)	Ensures that PRO inconsistent with Medicare services	h the PRO rev			ot
		(5)	Includes a descri which PRO determ conclusive for pa	inations are	consi		
		平	Quality review resection 1902(a)(a) to services furn				ng

1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

// By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

contract are undertaken through contract with the PRO designated under 42 CFR Part

TN No. 89-13 Approval Date Effective Date 20 3 : Supersedes TN No. 88-5

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: Marvland

OMB NO. (Citation 4.14 (b) The Medicaid agency meets the require

OMB NO. 0938-0193

<u>Citation</u> 42 CFR 456.2 50 FR 15312

- (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.
 - Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - // Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
 - // All hospitals (other than mental hospitals).
 - // Those specified in the waiver.
 - X No waivers have been granted.

TN No. 76-2 Supersedes TN No. 83-4

Approval Date

Effective Date 2/1/45

Utilization Control will be performed by the PRO for all Maryland Medicaid recipients in acute general hospitals in Maryland and its contiguous states, commonwealths and districts. The PRO will perform: preadmission certifications of all non-emergency admissions, retroactive review of all emergency admissions and admissions subsequently found eligible for Maryland Title XIX reimbursement, and certification of medical necessity and appropriateness of lengths of stay. Thus, in accordance with 42 CFR \$456.2 and \$431.630, Maryland's Single State Agency is deemed to have satisfied the requirements of utilization control as specified in 42 CFR Part 456, Subpart C. The State monitors and evaluates PRO performance by pre-payment review of all invoices and accompanying PRO certification documents for hospital inpatient services provided to Title XIX recipients.

The contract period extends from January 1, 1985 through June 30, 1987 and provides for renegotiation should new obligations impose additional burdens upon the PRO. Either the PRO or the Single State Agency may exercise contractual provisions to terminate the contract for cause after providing thirty days notice in writing or to terminate the contract without cause after providing sixty days notice in writing. The Single State Agency has reserved the right to terminate the contract (after thirty days notice in writing) in the event that Federal Financial Participation not be available in whole or in part for the execution of the contract.

The contract provides for the maintenance of records pertaining to determinations made under the contract in accordance with the laws of the State of Maryland and of the United States. These records are available to appropriate Federal and State personnel or their designees. Upon termination of the contract, copies of all records will be provided to the Single State Agency. The confidentiality of all records is protected as prescribed in 1902 (a) (7) of the Social Security Act as provided in the contract. The contract provides that no utilization control function can be subcontracted without the written consent of the Single State Agency.

The decision of the PRO is binding for payment purposes, except that adverse decisions may be appealed to the Single State Agency and, in accordance with State law, the individual also has the right to a fair hearing by the Department's Office of Hearings.

APR 23 1088

Supercedes 7184-20 11185

Revision: JULY 1985	HCFA-PM-85-7 State/Territory:	(BERC)	OMB No.: 0938-0193
	beater territory.		
<u>Citation</u> 42 CFR 456 50 FR 1531		of of	Medicaid agency meets the requirements 42 CFR Part 456, Subpart D, for control utilization of inpatient services in mental pitals.
		Ū	Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
			Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
			// All mental hospitals.
			// Those specified in the waiver.
		Xi	No waivers have been granted.
			applicable. Inpatient services in mental

hospitals are not provided under this plan.

W No. 96 7 Aupersedes TN No. 762

Approval Date 1113/35

Rev	÷	c	i	0	n	٠	

HCFA-PM-85-3

(BERC)

MAY 1985

State:

Marvland

OMB NO. 0938-0193

<u>Citation</u> 42 CFR 456.2 50 FR 15312 4.14

- (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.
 - Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - // Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:
 - // All skilled nursing facilities.
 - // Those specified in the waiver.
 - No waivers have been granted.

Revision: MAY 1985	HCFA-PM-85-3	(BER	
	State:	Mar	vland
			OMB NO. 0938-0193
Citation 42 CFR 456 50 FR 1531	. 2	((The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
		_	// Facility-based review.
		<u> </u>	// Direct review by personnel of the medical assistance unit of the State agency.
		4	Personnel under contract to the medical assistance unit of the State agency.
		4	Utilization and Quality Control Peer Review Organizations. *
		4	// Another method as described in ATTACHMENT 4.14-A.
		<u>.</u>	Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
			Not applicable. Intermediate care facility services are not provided under this plan.
		*	This excludes ICF/MR Facilities which are subject to facility and Inspection of care based review.

TN No. 86-2Supersedes TN No. 85-6

Approval Date

Effective Date 7/1/35

Revision: HCFA-PM-87-4

(BERC)

OMB No.: 0938-0193

MARCH 1987

State/Territory: __Maryland

Citation 1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) \angle 4.14 (f) The Medicaid agency meets the requirements of section 1902(a)(30) of the Act for control of the utilization of services furnished by each health maintenance organization under contract with the

Medicaid agency. Independent, external quality

reviews are performed annually by:

A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

// A private accreditation body.

TN No. 88-1 Supersedes TN No.

Approval Date

Effective Date JUL 6 1 1987